

Clerk stamps date here when form is filed.

☒ This form is attached to Item ⑥ of DV-100, *Request for Order*

① Your name: _____

② Name of person you want protection from: _____

③ Describe the 2nd most recent abuse.

☐ If you need more space, check the box and attach Form MC-020. Or attach a sheet of paper and write "DV- 101 — Description of Abuse" at the top.

a Date of 2nd most recent abuse: _____

b. Who was there? _____

c. Describe in detail what the person in ② did or said: _____

d. Describe any use or threatened use of guns or other weapons. _____

e. Describe any injuries. _____

_____f. Did the police or other law enforcement come? ☐ No ☐ Yes

If yes, did they give you or the person in ② an Emergency Protective Order?

☐ Yes ☐ No ☐ I don't know Attach a copy if you have one.The order protects ☐ you or ☐ the person in ②**Draft 5**
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Do not distribute

Fill in court name and street address:

Superior Court of California, County of

Clerk fills in case number when form is filed.

Case Number:

Your name: _____

4 Describe other recent abuse.

☐ If you need more space, check the box and attach Form MC-020. Or attach a sheet of paper and write "DV- I01 — Description of Abuse" at the top.

a. Date of other recent abuse: _____

b. Who was there? _____

c. Describe in detail what the person in (2) did or said:

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d. Describe any use or threatened use of guns or other weapons. _____

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e. Describe any injuries. _____

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f. Did the police or other law enforcement come? ☐ No ☐ Yes

If yes, did they give you or the person in (2) an Emergency Protective Order?

☐ Yes ☐ No ☐ I don't know Attach a copy if you have one.The order protects ☐ you or ☐ the person in (2)**5 ☐ Describe the history of other abuse:**

☐ If you need more space, check the box and attach Form MC-020. Or attach a sheet of paper and write "DV- I01 — Description of Abuse" at the top.